NOMINATION FOR INTERAGENCY TRAINING			
Fellowships in Congressional Operations		3. Agency offering course Civil Service Commission	
6. Name (First) (Initial) (Last) (Mr., Miss, Mrs.)		7. Position title	
STATINTL		Analyst Deputy Chief of Division 9. Pay plan and grade	
8. Home address (including ZIP Code)		GS-14	
STATINTL		10 Office telephone	(including Area Code)
11. Enter here special information required by the course and	nouncement		STATINT
12. Billing address (including ZIP Code)		13 Approving official Isignatur	e and title)
Registrar, Office of Training	STATIN		
Central Intelligence Agency		Registrar, Offi	Ce of raining 15 Telephone (including Area Code)
Washington, D.C. 20505			
		26 April 1973	16 Return address of nominating
		l	agency (including ZIP Code)
Registrar, Office of Traini Central Intelligence Agency Washington, D.C. 20505	ng '		STATINTL
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		NG DO NOT FILL IN THE	S PART
FOR USE BY AGENCY OFF	EKING IKAINI	18 Remarks	
Selected for alternative dates (see Remain Not selected (see Remarks)	irks)		
19. First session of class meets			
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INSTRUCTIONS TO NOMINATING AGENCY

- 1. Observe the Nominating Criteria and Special Instructions in Course Announcement or Bulletin before completing this form.
- 2. All requested information, Items 1 through 16, must be furnished. Use typewriter to complete form,
- 3. Submit the original and the first three copies (do not remove carbons) to the agency offering the training. See Course Announcement or Bulletin for correct address. The agency submitting the nomination may retain the additional two copies.
- 4. A copy of this form will be returned by the agency sponsoring the training, indicating the action taken on the nomination in the ACTION block.

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